## H07-000003635

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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2019 MAR -1 AM 8: 57
SECRELARY OF STATE
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T.O.



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/01/2019	
	MICHAEL PETERSON	
	e #:	
Entity Nar	me:ASSOCIATED ASPHALT TAMPA, L	LC
☐ Art	ticles of Incorporation/Authorization to Transact Business	
☐ Am	nendment	<b>2019</b> Sec 1 all
<b>☑</b> Ch	ange of Agent	PII 2019 MAR — SECRETAI TALLAHAS
☐ Re	einstatement	SES - LE
☐ Co	onversion	<b>AM 8: 57</b> OF STATE E. FLORES
□ Мє	erger	ATE PRIES
☐ Dis	ssolution/Withdrawal	
☐ Fic	ctitious Name	
Oti	her	
Authorize Signature	ed Amount:  **25  **Email: Mind Add The Company of	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/01/2019			
	MICHAEL PETERSON			
Reference	#:1047277			
	e:ASSOCIATED ASPHALT TAMPA, LLC		_	
Ame Cha Rein Con Mere	cles of Incorporation/Authorization to Transact Business endment inge of Agent instatement inversion ger solution/Withdrawal	SECRETARY OF STATE TALLAHASSEE, FLORIO*	2019 MAR - 1 AM 8: 57	FILED
Othe	er		<del></del>	
Authorized	Amount: \$25			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. N	ame of the limited liability company:ASSOCIA	TED ASPHA	LT TAMPA, LLC		
<b>-</b> ,	Principal office address of limited liability company: (Note: MCST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  No Change		
	No Change				
	June 14, 2007	М0	M07000003635		
3.	Date of filing/registration in Florida	4.	Document nui	mber	
5. (a)	Corporation Service Company				
. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dep	n, of State;		
	1201 Hays Street				
	Registered Office Address (MUST BE FLORIDA STREE)		2019 MAR SECRET		
	Tallahassee	L_32301-25	25	AN FILI AR - I EI ARY HIASSE	
(b)	COGENCY GLOBAL INC.			A CO	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address	<u> </u>	8: 57 1ATC 10802	
	115 North Calhoun St., Suite 4	<del></del>			
	NEW Registered Office Address:				
	Suite 4				
	Tallahassee	<sub>L</sub> 32301			
the changent was/withe art  Signa  I here provise the objecto mer	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member or authorized representative of a member oby accept the appointment as registered agent and against of all statutes relative to the proper and completingations of my position as registered agent as provided vertelect a change in the registered office address, and in writing of this change.	of the registere liability compa to the limited the limited liability	d office and the businessy, it is hereby confir- liability company or a lity company.  Dave Cohan  Printed or typed  his connective Literther	ess office of the registered med that the change(s) as otherwise provided in mane of signer	
	D				
Signati	re of Registered Agent Tim Mayville, Assistant Sec	cretary			

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)